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Medical Letters may be addressed to:

Mr. FELLOWS, 48 Vesey Street, New York.

THE

ERRATA: In article on Abdominal Surgery, in 5th line, for "must only not know how," read "must not know, only, how" &c. In 7th line, for successful read successfully. Page 52, for neurosed read necrosed. Page 79, for T. Russell, read Russell Truitt.

ABOUT a year ago I contributed an article to the JOURNAL on the climate of Arzonia. Further observation has confirmed the favorable opinion therein expressed. Southern Arizona, without a doubt, furnishes the finest climate on the continent. Its climatic conditions are unusual and decidedly beneficial for the relief and cure of many grave and intractable diseases. During the winter the weather is simply perfect. The summer although hot is not oppressive, owing to an exceptionally dry atmosphere, and the dry heat is just what some patients most need. Except by a personal experience no one can fully appreciate the agreeable difference that exists between a hot dry air and a hot humid atmosphere, the advantage being with the former. The climate is curative in consumption, bronchitis, catarrh, asthma, diabetes, albuimnuria, rheumatism, dropsy, and neuralgia, with a diminished tendency to congestion and apoplexy. Such a claim may seem incredible but is amply sustained by facts.

In this connection I will cite two cases by way of illustration;

Miss G., of Atchison, Kan., a young lady in the last stage of consumption. was pronounced incurable by her physicians and could not possibly have lived long by remaining at home. In a last effort to save her she was persuaded to try the effects of Arizona climate and was sent to friends at Tombstone. In nearly two years that she has been there she has steadily improved and is now apparently as well as ever.

Mr. G. of Topeka, Kan., suffered for years from an aggravated form of chronic rheumatism. He had been the round of physicians and had used medicines and baths of every description that promised any relief, but without avail. The disease not only affected the muscles but spent its force largely upon the joints, causing enlargement and partial anchylosis that made him very sore and lame. Seeing that nothing did him any good, he was advised to try a change of climate and was booked for Yuma, Arizona, which place was selected on acount of its low altitude and warm, dry atmosphere. After a six months' trial the following extract taken from a recent letter indicates satisfactory improvement.

"I am feeling first rate, and my friend, I am thankful to you for suggesting this place and urging me to come. I have gained twenty-one pounds and do not suffer anything like I did, am very much stronger. The folks here talk of my wonderful improvement, and it is encouraging.

He expects to remain throughout the summer when he can reasonably hope to derive the greatest benefit. In a severe case like this, it is a strong point gained to stay the progress of the disease, even if the structural damage is never entirely repaired.

The Territory is comparatively new and the country sparsely settled, and scarcely anything of its great value is known to the outside world—the people of the east and north where many are pining and perishing for want of just such a climate. Its climate, indeed, is incomparable, and will make Arizona a famous and favorite health resort. All it needs is to be judiciously advertized, and suitably equipped Sanitariums established in such growing cities as Yuma, Phœnix and Tucson to draw a large contingent of tourists and health seekers. It is a promising field for the remunerative investment of enterprising capital.

LA GRIPPE AGAIN.

BY H. T. WEBSTER, M. D.
Professor of the Principles and Practice of Medicine and Clinical Mediicne, in the California Medical College.

THE French meaning of the word "Grippe" is "Influenza", and "La" stands for our article "The"; therefore it is not straining a point to assert that "the influenza" is again with us. I have had a few severe cases, though none of them have compared with some of the worst ones encountered last year; but a few of the features of last year's epidemic have been prominent, namely, gastric and gastro-intestinal irritation, severe muscular pain, and marked nervous prostration.

Of course I cannot offer a stereotyped treatment for these cases, though a few remedies are demanded in nearly all of them (epidemic remedies). When nausea and vomiting are prominent, the first thing to be done is to relieve the irritation of the stomach, and this I almost invariably accomplish speedily with the favorite combination of aconite and rhus tox. Rhus might be a sufficient remedy alone, but a febrile phase always attending is nicely met with aconite, and gastric irritability is also favorably influenced by it, so the combination of the two is philosophical, and clinically successful:

℞. Rhus tox. (s. m.) gtt. x.
Aconite (s. m.) gtt. v.
Aqua ad. ℥ IV.

Sig. Dose a teaspoonful every hour.

For the first twelve or twenty-four hours this may be all the remedy that can be used to advantage, though where the muscular pain is severe, I begin the administration of three-grain doses of phenacetin as soon as possible.

Where there is diarrhœa attending, I add ipecac to the preparation of aconite and rhus, or substitute it for the rhus, and if the pain partakes of the character of abdominal neurosis, I add a few drops of the 2x or 3x dilution of colocynth, as the specific virtues in such a case excel the general action of phenacetin.

This season the cough, though sometimes severe, seems to be a secondary consideration, though it requires attention. The aconite, rhus and ipecac are cough remedies of good quality, and may do better than some selected purposely, but as a general rule we will find the tartar emetic cough soon becoming prominent—the patient coughs paroxysmally and ineffectually, to expectorate a tenacious secretion, which refuses to come up, and the patient finds that the effort harasses and prostrates him, while an annoying wheezing or fluttering in the bronchial tubes prolongs the effort, until often a prostrating prespiration oozes from every pore. Here we want minute quantities of tartar emetic, say two or three grains of the 2x trituration every two hours, or half a grain of the crude, to four ounces of water, dose, a teaspoonful for adult, as often. For children, care must be taken that the dose be not overdone, as nausea, extreme and prolonged, may prove a source of prostration.

When there is a hard, rasping cough, with soreness under the sternum, I have resorted to my "favorite prescription" of last season, which then afforded complete satisfaction, not only in my own case but in more than a score of others. Here it is:

℞. Elecampane (s. m.) ʒ ii.
Asclepias tub. (s. m.) ʒ ii.
Simple syrup ℥ ii.
Aqua ad q. s. ℥ iv.

Sig. Take a teaspoonful every hour if necessary to allay the cough, or half a teaspoonful every half-hour instead.

High grades of febrile action are very nicely met by jaborandi, and these cases are usually not complicated by gastric irritation.

ABDOMINAL SURGERY.

BY M. E VAN METER, M. D.

Prof., of Orthopedic and Clinical Surgery, in California Medical College.

WITHIN the whole range of surgery, there is no other branch that requires the same amount of tact and skill, as well as the power of close discernment, rapidity of thought and quick decisive action, as in abdominal operations. The surgeon, to be a successful laparotomist, must only not know how to make an abdominal incision and stitch it up again. Almost any rancher can and does do that, and successfull, too, in spaying his domestic animals. Why their success? It is not because they are anatomists, or physiologists, nor because they know the first principles of surgery as a science. But they have been taught by observation or experimentation that the two ovaries are to be found in given and unvarying places, and that by making an incision in certain places, the ovaries can be reached and snipped off. Then with a few stitches the operation is complete. Their subjects are all supposed to be in a normal condition, physically and anatomically. The same steps are taken in each and every operation, the same incisions are made, passing through the same tissues and showing the same organs and relative conditions. How different with a surgeon. His subjects are always, or should be, in an abnormal condition. The different steps in his operations must, of necessity, be as varied as the number of cases operated upon. He must be on the alert for any and all complications that may present or arise. He must be surprised at nothing. He must be able to overcome every obstacle that confronts him; and to do this, he must know *what* to do, and *how* and *when* to do it. He, many times, begins an operation with only a remote idea of what his invasion of the abdominal cavity will reveal. He is something like the poultry man who is nightly losing his fowls, but has no idea of the size, nature, or habits of the poacher. It may be the act of some kind neighbor. It may be a coyote, a fox or a weasel, or a noiseless winged owl; and in order to make sure of the thief he must go prepared to capture any one of them, let it be which it may, for if prepared to make away with but one particular one, though all the others be present, they escape. So it is with the surgeon who performs abdominal section, with *one* fixed idea in his head as to what he will find, and what he will do when he finds it. For if he finds unanticipated conditions—which he is just as sure to do, as he operates—and is not thoroughly prepared to knowingly and courageously, as well as quickly and skillfully, master the situation, let it be what it may, there are more chances for failure than success.

When operating for obscure intestinal obstruction, the surgeon should bring his mind to bear on the fact that there are many and varying conditions that could cause the trouble, any one of which he is likely to find in the case before him. It may be an abscure hernia, a foreign body, impacted feces, a volvulus, an intussusception, or he may find a loop of the bowel bound down by adventitious bands.

If it be a case of abdominal injury—gun shot or knife wound—he may find any one or several of the ventral organs involved, the bladder, liver, kidney, spleen, stomach or intestines. The operator must have the normal relations and conditions of these organs mapped out and thoroughly fixed in his mind, that he may recognize at once any wrong that may be presented. Hysterectomy, nephrotomy, gastrotomy, colotomy and ovariotomy, each requires special study as to the mode of operation, and special tact and dexterity in performing it. No operator, however experienced or expert himself can lay down any set rules to govern the operations of another, and any one attempting to operate by set rules of another, or even of his own, is a failure, as far as attaining the highest standard, in surgical science, as an operator. The technique of abdominal surgery differs from that of all other surgical operations, and hardly any two cases coming under its own domain are alike in every particular; hence operations of this class call for all the ready wit that any *one* surgeon can muster. I doubt not, this article will be read by some who will say, "Bosh! he is making a surgical 'bugbear' of *laparotomy.*" Perhaps I am, but those who have not operated have no right to judge; and among those who have operated, who dare say he has killed the 'bugbear,' be it great or small, or in other words, where is the operator who will say he never made a mistake, nor was brought to his wit's end—on account of some unexpected revelation or complication—how to proceed, and wished himself well out of his dilemma? And who has not seen others laboring under the same trying ordeal.

Notwithstanding the magnitude of abdominal operations, in general, they may be successfully performed, at any time, place or season, at any age or condition, even the most unfavorable: hence when necessity demands. the surgeon should not hesitate nor despair of success, however unfavorable the outlook· Which of the different modes of operating is to be chosen in a given case, and the particular technique to be applied, must be left to the judgment and choice of the operator; and though much depends on this choice, more depends on the skill with which the operation is executed, as a poorly chosen operation skillfully performed will show better results than a well chosen one poorly performed. At least it will reflect more credit on the operator, as any one may err in his choice of operation, while bungling in its execution is inexcusable.

SUTURING THE TONGUE.

BY J. G. PIERCE, M. D. SEBASTOPOL, CAL.

BUT a few times have I been called upon to treat wounds of the tongue. The most frequent injuries have been produced by the teeth, the lower jaw in some manner receiving a blow, and the end or side of the tongue being caught between the teeth. Wounds of this nature are not usually accompanied with much hemorrhage, and are easily controlled by per sulphate of iron and a compress. Incised wounds with a sharp instrument are not always so easily managed. In one instance I failed to check the flow with compress and styptics. It was an incised wound of nearly half an inch in depth, across the right border near the end. I introduced a double ligature through the tongue, back of the wound, then separted it, passed each through the edge, but some distance from the incision. This, with moderate tension, closed all vessels communicating with the traumatic surface.

The most interesting case that I have found in the history of wounded tongues occured to me on the 19th of September, 1890. A six-year-old son of Henry Grayson, in Green Valley, was kicked in the mouth by a horse. He had evidently at the time, his tongue protruded to its utmost extent, and impinging against the upper teeth, the end of the tongue low down over the lower lips or teeth. There was a flap cut out of the upper surface, and near the middle of the tongue. It was one-half inch in width, one-fourth inch in thickness, and extending transversely from the right edge to within one-fourth of an inch of the left edge, to which it was only adherent. Five of the upper front teeth were driven like a wedge into the alveolar process, which was completely broken up. Hemorrhage was inconsiderable, but the flap doubled upon itself, the free end inverted and drawn to the left side; so I thought it necessary to suture it to keep it in place. So far back was the wound on the tongue that I deemed it necessary to have efficient assistant. Dr. Sargent was called, and we proceeded to adjust the traumatism. But those of my readers who have had no experience in drawing that unruly member to the surface, with a yawning cavity midway, and extending from side to side and suturing a flap to it, may think it a small affair; but we did not find it so. It was easy enough to make the desired traction with toothed forceps, but when made, the long diameter originally transverse was reversed, and became antero-posterior. The flap seemed to become erectile and twisted upon itself. So much as to make it difficult to straighten it out and transfix it with a needle. I had to draw it down to the point where we thought it ought to be attached to the misdirected edge of the long cavity. We finally succeed in placing two stiches, which held the end down, and the body sunk into its bed when the tongue retracted. We found it impossible to place a stitch in the flap from the fact of such extensive gaping when traction was made.

But what became to me of greatest interest in this case was its subsequent history, and what befell our sutures, which were *catgut.* On my next visit, twenty-four hours after, I found them so rotten as to hardly retain the flap in place. They had evidently been digested in the salivary fluid. In this view I have been sustained by other physicias to whom I have related the circumstance, and to whom the idea was as new and novel as to myself. I then fixed a compress of twelve folds of soft linen, placed it on the tongue, and fixed the lower jaw tightly with a bandage. In forty-eight hours from the time of inserting the stitches, I could not discern a trace of them; but the wound healed nicely under the compress. There are two things here of importance to consider. First, would not the compress have answered the purpose in the first place? Second, when it is necessary to use a suture in the mouth for purposes of fixation, it is safest to use something not quite so digestible as catgut.

A PECULIAR PATIENT.

BY JOHN FEARN, M. D., OAKLAND, CAL.

DOMESTIC animals, living in close proximity with man, seem in course of time to lose some of their native cunning, and they become more or less dependent on their provider, man, their wild and native instincts becoming to a certain extent dulled. Yet if thrown on their own resources and banished to their own native wilds they are once more ruled and governed by instincts common to their kind. It has been remarked, and it cannot be doubted, that dogs become attached to persons. Cats on the other hand become attached to places. The faithfulness of the dog to his master is matter of every day observation. The canine becomes so attached to his friends that where they are he is at home. The cat on the contrary is less roving, and though men may come and men may go, pussy prefers a place on the old hearthstone, and as we have proved again and again, it is not easy to banish puss from home. But though these domestic animals may lose some traits by their environments in civilized life, yet it is not all loss. They sometimes develop an intelligence in certain directions which is simply marvellous. A few weeks ago a gentleman and his son called at my office bringing me a feline patient, and it was plain to be seen pussy was in sore distress.

HISTORY.—That morning pussy had followed its young mistress about the house with cries of distress. It seemed to wish to draw attention to its mouth, which was partly open, and they found puss was not able to close it. The boy held the cat on his knee, and the cat very patiently allowed me to open its mouth, when I discovered wedged fast between the teeth of the lower jaw on the left side, a hard foreign body which appeared to be bone. I laid hold with a pair of forceps and tried to raise it from its bed, but I failed, it was wedged so fast. I now examined more closely, and taking a deep and firm hold on the offending body, I applied considerable of a lifting force, when out flew a section of the vertebra of a large fish, The cat must have suffered considerable during the operation, and yet there was no attempt to escape or scratch, and not one dissenting murmur. Pussy knew she was in trouble. She seemed to divine that the efforts being made were for her relief; hence her patience and fortitude.

TWO CASES OF PERICHONDRITIS LARYNGEÆ: RECOVERY.

BY A, DE MARCONNAY, PH. D. M. D. SAN FRANCISCO.

THE practice of last winter brought with it two cases of laryngeal perichondritis (abscess of the larynx), which I deem well worthy to be brought to the attention of the reader, as this disease is not of so frequent an occurance as to be often treated by the general practitioner. It may be that the exceptional wet winter we had last year, combined with the prevailing epidemic, have had a good deal to do with the development of an idiopathic cause in the first and traumatic cause in the second case.

Case No. 1. Mr. W. S. S.:—Aetat. 31.—Occupation, gentleman of leisure; residence, Kansas City, Mo. History of the case: Patient, who was traveling with his sister, who came to rejoin her husband in San Francisco, was suffering from an acute attack of laryngitis, from which he found relief by a practitioner of this city. This gentleman stated that a certain hardening of the lower part of the larynx and its surrounding tissues did not amouut to much, and would soon disappear. After a week, this swelling became a good deal worse, and deglutition became seriously impaired. He came to my office for treatment. I failed to elicit in his family history any syphilitic or tuberculous cause, neither could he remember that any personal syphilitic or traumatic cause might be the reason of his present condition. His sister, who accompanied him, stated, nevertheless, that her brother had always been sickly from childhood up. External examination revealed a severe inflamation of the hyosternal region, taking the charactər of an indurated tumor similar to an indurated goitre. Laryngoscopical examination showed an abcess of the left vocal chord, and an inflamation of the internal aspect of the larynx, nearly verging on stenosis. The diagnosis of chondritis and perichondritis laryngeae being made, the patient was instructed to return home immediately and use internally, ℞. Morrhuol Chapoteau, caps. No. xviii. Sig.—Two capsules twice a day after lunch and after dinner; externally: Iodini purissimi ʒ ii, Lanolini ad ℥ ij. Sig.—Rub well into the hardened tissues.

Jan. 15, 1890. Patient begins to complain about the effects of the inunction, and is instructed to use it only on the lowest part of the tumor, as I intend to cause suppuration there.

Jan. 16. Patient is worse, no rest at night from throbbing tumor, no appetite, and strength failing. I prescribe externally: hot flaxseed poultice, renewed every three minutes: internally: ℞. Nuc. vom., extr. sol. gr. 1½, ferri pyrophosphat gr. ix., quinine sulphate, grs. xxx. M. fiant pill. No. xii. Sig.—One every three hours. With the view of acting both constitutionally and locally upon the inflamed inner laryngeal aspect, I prescribe: ℞. Vin Mariani a la coca du Perou, one bottle. Sig.—One wineglassfull three times a day. To act furthermore locally upon the larynx I prescribe inhalations through steam inhaling apparatus of ℞. Eucalyptol gtt. xx, Aquae Lauro Cerasi ℥ i. Sig.—Inhale every two hours from three to five minutes.

Jan. 17. The tumor begins to soften in its lower part, and the increase of throbbing shows the presence of much pus. The skin being considerably thinned by the inunction this is discontinued and only the poulticing is kept on. As the appetite, and with it the strength of the patient begins to improve, the case begins to look favorable. The abcess of the left vocal chord has broken, and its content has probably been swallowed during the night. To prevent any evil effect upon the gastric system, I prescribe: Acidi Carbolici pur. gtt. v. to one wine bottle full of water. Sig.—One wineglassfull from five to six times daily as a beverage.

Jan. 18. Called by telephone early in the morning, as abcess has broken in the selected place. Three large coffee cups full of pus have been discharged, and with it small pieces of cartilage. Enlarging the opening of the phlegmon with the knife, I use carbolic irrigation. Remembering one of Dr. Gerster's cases (Rules of Aseptic and Antiseptic Surgery), I ordain a full bath in weak bichloride of mercury solution (1:50,000), and after it dress the wound with several layers of iodized gauze, over which I use filter paper, impregnated with ℞ Hydrarg bichlor, 20,00 Glycerini 50,00. Aqua dest. 1000,00, and cover with oiled silk.

From this time granulation from the bottom set up, and the wound healed in a short time. Under aseptic treatment pus formed nowhere, and the dreaded stenosis did not set in. Patient was discharged as cured in the last week of the month and is up to date as healthy and strong as could be wished.

Case No. II.—Mr. T. L.—Aetat 42—Occupation; mate on a coasting vessel—Residence with his parents when in the city. Patient has had for years soreness of the throat when he is in continued rough weather, but it has never bothered him much. He remembers that six or seven years ago he was struck by a rope across his larynx and that this caused the sore throat. His mother had used hot fomentations which brought on a great deal of throbbing pain in the else indurated phegmon which had a great similarity to goitre, but caused intense pain to the patient, who could not go to sleep and therefore had me called out about 2 A. M., to give him an injection of morphine. I declined to do so and prescribed instead ℞ herb. conii, herb. hyosciami. aa ʒvj. m. s. ft pulvis et in chartas no vj divide. One powder every 4 hours if in pain. Externally ℞ Ext opii grs xij, solve in infus, chinae rub ℥iv ex parte ℥ij.

Jan. 19th.—Laryngoscopic examination showed it to be a traumatic perychondritis, in which the vocal chords were not affected, but where there was already great and imminent danger of stenosis. I therefore concluded to use O'Dwyer's intubatation of the layrnx and succeeded after long and painstaking work to insert a very small tube. To sustain his strength I ordered him one glassful of "Vin Mariani" three times a day. Hot fomentations were applied. On the 25th., the phlegmon broke—caused by an emetic—as patient was mortally afraid of the knife—in my presence and parts of the neurosed cartilage of the larynx were thrown out as effect of the croup-like cough, both from the inside and the outside. Three fistulous sinuses could be probed, which I syringed out with carbolized water and stuffed the wound full with iodoform gauze over which I used the usual aseptic dressing. The necrosed bone on closer examination proved to be part of the cricoid cartilage. The case looked rather grave and I asked for consultation, but as he had no means of his own—being a thorough sailor in this respect—his parents refused to spend any more money on him than just necessary, saying that they had full confidence in my treatment. I kept him on "Vin Mariani" and bitter tonics, alternating them with Morrhuol Chapoteau, and could discharge him as cured on Febuary 4th. When he comes in from sea he generally calls upon me, and has been under my treatment for a slight sexual disease since.

The conclusions I can draw from these two cases are shortly these: although the disease is very rare and authors like Drs., J. Solis Cohen, D. Bryson Delavan, Sir Morrill MacKenzie, Robert Bartholow and C. F. Kunze, state that recovery from it is rare and in many cases impossible—I claim that with careful treatment it can be done in idiopathic and traumatic cases—where there is *no* syphilitic or phtisical history or condition present or uuderlying. The means for the cure are: sustain the strength of the patient, use laryngotomy or intubation when indicated and open the abscess at the lowest point of it to secure mechanical drainage of the wound. For sustaining the strength as well as for acting soothingly topically on the inner aspect of the inflamed larynx I have found no preparation better than Vin Mariani a la coca du Perou, and while it is rather expensive I found it better and therefore cheaper at the end than any other preparation of coca wine, may it be by whom such is made.

OXYGEN IN THERAPEUTICS.

BY E. H. MATTNER, M. D. SAN FRANCISCO.

It is to Dr. Joseph Grierly of England in 1774, properly, belongs the credit of the discovery of Oxygen, although it was almost simultaneously recognized by Dr. Scheele of Sweden, whose researches and experiments justly entitle him to share in the honor of having marked a most important era in the scientific world. The very valuable results which claim the attention of all enlightened physicians have been effected by the use of Oxygen, Nitrous Oxide gas, peroxide of Hydrogen and the forms of Oxygen called Ozone. These remedies and their combinations are so valuable that no physician should fail to add them to his resources. However, every innovation in established methods of thought or action has its stage of probation or practical test; it is said that every genuine coin has its counterfeit and every true bank-note its spurious imitation. Whether this be true or not, it certainly is true, in medical practice, that every unusual method of treatment is more or less a counterfeit and dragged into the mire by mercenary quacks. Electricity is a notable example. Legitimate as it is, and in a class of cases absolutely essential, and the only effective agent, it has been degraded by blatant empirciism until many intelligent members of the profession are yet foregoing its use through prejudice and disgust. The argument in behalf of the rational nature and curative potency of Oxygen are plausible and easily understood, being the most abundant of all elementary substances comprising 8–9 of all the water on the globe and nearly $\frac{1}{4}$ of the atmosphere surrounding us; it is in fact *the* essential element which supplies the very basis of all known substances. Its value is due to its vitalizing and purifying qualities, and its constant supply is necessary not only to every human being, but to every living creature from the moment of entrance into this world until its exit from it. The value of Oxygen gas is not a new idea; it has been investigated and amply described for many years by eminent physicians, among such authorities as

Trousseau, Demorquay, Beddoes, Hill, McCormack, Richardson and others. About eighty years ago, Dr. Beddoes established a private hospital in England in which to demonstrate the benefit of the treatment, but he was ahead of his age; the time was not ripe. Then, as now, the medical world was skeptical and slow to accept or test new theories, and Dr. Beddoe's effort failed for want of interest and encouragement. But though it languished, it did not perish, and it has again asserted itself by the report from various sources of its value, especially in asthma, dyspepsia, asphixia, insomnia, nervous headaches and the like. Within the past ten years medical science has received new impetus and life in the more general interest that has everywhere been manifested in the investigation of natural forces. This also includes electricity in all its forms; the study of climates, so often recommended by physicians, means only that the benefit to be derived depends upon the amount and purity of oxygen to be found in a given location and where the atmosphere be comparatively free from contaminating influences ("on the other hand, physicians once in a while recommend a change of climate to get rid of the patient.") As nature herself does not suggest the application of Oxygen in its pure and nascent form, but provides it in judicious combination with other natural elements, so in taking a lesson from nature in Therapeutic aplications, we combine or dilute the same to cover each particular case.

In the matter of combinations and dilutions and the quantity to be administered in a given case, there exists a wide latitude for the exercise of professional discretion. There is no secret in the preparation of either Oxygen, nitrous oxide, peroxide of Hydrogen, or ozone, or in making compounds by combining them. Any physician can prepare his own nitrous oxide gas from pure nitrate of ammonia, by placing the salt in a glass retort over a lamp. The nitrate melts at the temperature of 400°. This must be closely watched, as too high a temperature would produce white vapors containing injurious products. The gas before using it should be conducted through a glass jar containing a Sol. of Sulph. of Copper, then through another containing a Sol. Permanganate of Potassium, and through the third which contains a Sol. of Caustic Potass. This is necessary, to remove any nitrate oxide or other products that might have been produced by the great heat, An agent so powerful, and with ordinary prudence so free from danger or injurious effects, would seem to be a boon in practice. Nevertheless, as fifteen or twenty inspirations produce insensibility, it is clear that very few inspirations should be used for its best renovating effects and that it should seldom be used to the entire exclusion of air. But even the dangers of its excessive use are counteracted according to the experiments of Dr. Bert, of Paris, by combining it with 20% of Hydrogen. Medical gases should be regarded not as a dose to be taken, *per se,* but simply as a beneficial addition to the air we breath. As a general rule, to secure the best results, the bell glass jars are the best. The tank from which the gas is inhaled should be $\frac{1}{2}$ or $\frac{2}{3}$ filled with atmospheric air, the remaining $\frac{1}{2}$ or $\frac{1}{3}$ being a compound of Oxygen and Nitrous Oxide, generally in even quantities, but varying according to indications—1 of Oxygen to 2 of Nitrous Oxide, or 2 of Oxygen to 1. When the patient is of sensitive and impressionable constitution, I would prefer 6 of Atmospheric air air, 3 of Oxygen and 1 of Nitrous Oxide, reserving the stronger combinations for more robust constitutions. Restorative or invigorating treatment should never approach anæstheria. Three to five full inspirations of the proper mixture, with an interval of a few minutes between them, may be taken twice a day, according to the case. Pure Oxygen, as you all know, is a colorless, tasteless and inodorous gas, and without having the wonderful and instantaneous energy of the Nitrous Oxide, has that gradual and permanent renovating power to which we are indebted for. It is the natural germicide, whether in the form of simple Oxygen, ozone and peroxide of hydrogen.

The experiments of Pasteur and Prof. Law show that disease germs lose their virulence by contact with the oxygen of the atmosphere, and we can not reasonably doubt that oxygen passing round in the circulation of the blood will be similar. Observation of ozone and peroxide of hydrogen has made this certain. The peroxide has shown itself in some of the New York hospitals preferable to carbolic acid; and its application to suppurating surfaces, it has an extraordinary power of changing the morbid character of the pus and restoring healthy granulations. As a germicide it is unsurpassed. Even inhalations of pure Oxygen, according to Demorguay, gave a more healthy character to suppurating wounds. This reminds me of a case which I have been treating for asthma, and after a few weeks treatment, the patient feeling greatly relieved, remarked to me one day that he has an ulcer just above the ankle, that during thts time he had noticed a marked healing process, which has been going on apparently to his astonishment, without any thing being done to it, showing that the inhalation of Oxygen, the blood being charged therewith, had brought about a change in the suppurating surfaces. It is not only a germicide, but an active agent in all fermenting processes, transforming starch into glucose and glucose into alcohol. On the presence of oxygen in the blood depends the performance of the functions in the nervous system, its deficiency tending to produce a state of coma. Want of assimilation, mal-assimilation are generally at the bottom of most diseases. It is not generally difficult to induce a patient to ingest a sufficiency of food; but to secure its proper assimilation is a most difficult problem. We do not question the agency of oxygen in its relation to health-productions, but we do realize the much more important fact that no atoms of nutrition is ever converted into the blood or tissue except through the direct and indispensable action of this same subtle element. Oxygen alone presides over, and renders possible all vital transmutations, and hence in a more perfect oxygenation of elements designed for health productions and tissue formation, we have the key to the phenomenal success of oxygen treatment. Another valuable agent is ozone, a modification of oxygen; there is nothing better than ozone to purify the air of onr dwellings and sick chambers. I have been accustomed to place a stick of phosphorus in a jar of water and leaving as much of the phosphorus exposed above the water as was required to generate a sufficient supply. It has demonstrated its value in treatment of Diphtheria, Scarlet Typhus and other fevers. Ozone and the peroxide of hydrogen are both soluble in water and evaporate so freely as to make them available for inhalations, while equal available for administration by mouth or liquid. They are often appropriate in similar cases. The greater the degeneracy of fluids and solids, the further the departure from healthy conditions, the more necessary is it to introduce the ozone or the peroxide—the latter having the greatest antiseptic or purifying power. Ozone appears to be intermediate between the peroxide and oxygen in its influence. I regard the Nitrous Oxide as the great nerve stimulator, Oxygen as the general renovator, Ozone as the renovating purifyer and Peroxide as the purifyer "par excellence."

Prof. Mohl, of Heidelberg, whose authority is looked upon by the medical world, quotes the following when he says: "If Ozone conquers the causes of disease in the atmosphere, it ought to do the same in the human body. A large majority of all contagious and infectious diseases that make up our epidemics, are spread through the medium of inspired air; diphtheria, scarlet fever, smallpox, are among the many forms of zymotic diseases that are inhaled into the system, and since, through the mere act of breathing, so much of suffering and affliction is admitted, why not by the same channel introduce the sensitive and curative element conceded to be indispensable to health, and which is a procedure so rational and strictly in harmony with nature's own, showing as as to be almost self-suggesting."

In this very hasty and imperfect glance at such a great subject, it is apparent that Oxygen is perhaps the noblest of therapeutic agents, and in its three forms—the gas, the peroxide and the ozone—it has the character of rousing vitality, destroying morbid elements, purifying the fluids, rousing the nervous system and general invigoration.

The proper combination and use of these agents will add immensely to the success of our practice.

ORGANIC CHEMISTRY.

BY PROF., M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO CAL.

Professor of Chemistry and Toxicology, in the California Medical College

It has been shown that carbon can form an endless number of compounds by combining with hydrogen, first in the proportion of $C H_4$, and increasing by the constant addition of $C H_2$ thus forming a homologous series.

The ordinary saturated series $Cn H_2n_{+2}$ may lose one molcule of hydrogen (H_2) thereby giving birth to the series $Cn H_2n$.

The first member of which is CH_2. The CnH_2n series may also give up one molecule of hydrogen thereby giving rise to the series $CnH_2n_{=2}$ and so on *adinifinatum*.

Table No. 2 will show this system.

Five homologous series are known in practice the names of which are obtained by adding to the prefix Meth. Eth. Prop. Etc., the affix ane. ene. ine. etc. These affixes are simply the vowels with the termination ne.

Example:—The formula of propane is wanted, refer to the table, prop=C_3 in which n represents 3, therefore Carbon is C_3, and Hydrogen is twice three with two added, ($H_{3\times2+2=8}$) therefore C_3H_8 is the formula for propane

These compounds are made by uniting the prefix Meth. Eth, Prop. etc.. which indicates the number of carbon atoms, to the affix ane. ene. ine. etc., which indicates the series to which they belong. Thus; the name for $C_6 H_3$ is found by tracing a horizontal line to the left to Hex., then another forming a right angle to the last, until we come underneath une we find the name to be Hexune, by reversing this process we will find the formula for any compound in the table. All those compounds differing by $C H_2$ and found in the vertical lines in table No., 2 are Homologous. The series running from left to right and differing by H_2 are called Isologous (from the Greek isos equal and logos proportion.)

TABLE No. 2.

		–ane	–ene	–ine	–one	–une			
		C_nH_{2n+2}	C_nH_{2n}	C_nH_{2n-2}	C_nH_{2n-4}	C_nH_{2n-6}			
Meth	C	CH_4	CH_2	——					
Eth	C_2	C_2H_6	C_2H_4	C_2H_2	——				
Prop	C_3	C_3H_8	C_3H_6	C_3H_4	C_3H_2	——			
But	C_4	C_4H_{10}	C_4H_8	C_4H_6	C_4H_4	C_4H_2	——		
Pent	C_5	C_5H_{12}	C_5H_{10}	C_5H_8	C_5H_6	C_5H_4	C_5H_2	——	
Hex	C_6	C_6H_{14}	C_6H_{12}	C_6H_{10}	C_6H_8	$\overline{\underline{C_6H_6}}$	C_6H_4	C_6H_2	——
Hept	C_7	C_7H_{16}	C_7H_{14}	C_7H_{12}	C_7H_{10}	C_7H_8	C_7H_6	C_7H_4	C_7H_2
etc	etc	etc	etc	etc	etc	etc	etc	etc	etc

All these Hydro-carbons of even atomicity are formed by the successive abstraction of H_2.

They are all capable of existing in the free state. Many of them are our common paraffines, olefines ete.

Hydro-carbon *radicals* are unsaturated, and are formed by the successive abstraction of one atom of Hydrogen from the preceding compound. See table No. 3. The distinctive terminaton yl is given to these radicals. Example:—

$$\underset{\text{Methane}}{CH_4}-H=\underset{\text{Menthyl}}{\overline{CH_3}^{I}}$$

again $\underset{\text{Methene}}{CH_3}-H=\underset{\text{Methenyl.}}{\overline{CH_2}^{II}}$

Two or more of these radicals with the same or different formulæ, may unite and form saturateted compounds.

These radicals may be called "Positive groupings." They will combine with negative groupings or with negative elements, or with with themselves or each other. Like the combination of negative and positive elements and groupings, they have special names for special groups or series of compounds. When combined with Halogens they are called Haloid Ethers, example:—

$C_2H_5^{i}\ Br^{i}$=Ethyl Bromide.

When combined with with oxygen they form simple ethers. Example:—

$(C_2H_5)_2O$=common or Ethyl Ether.

With the negative grouping $\overline{HO}$ they form Alcohols. Example:—

$\overline{C_2H_5}^{i}\ \overline{HO}^{i}$ Ethyl or common Alcohol

with other negative grouping, they form compound Ethers. Example:—

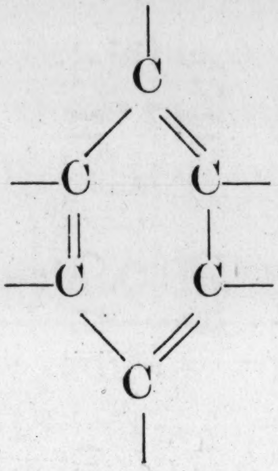
$\overline{C_2H_5}^{i}\ \overline{C_2H_3O_2}^{i}$=Ethyl Acetate or Acetic Ether.

These Carbon compounds are arranged in two great classes, namely:— *Fatty* and *Aromatic;* and are derived from CH_4. The first class is Methyl or marsh gas series, also called the fatty series because fats and fatty acids originate here. The Paraffines are also found in this series many of which exist in illuminating oils, commonly known as Petroleum when fluid, and as Paraffines when solid.

TABLE No. 3. TYPICAL FORMULÆ.

	Saturated	**Monads**	**Dyads**	**Triads**	**Tetrads**	**Pentads**	**Hexads**	**Heptads**	
	–ane	–yl	–ene	–enyl	–ine	–inyl	–one	–onyl	
	C_nH_{2n+2}	C_nH_{2n+1}	C_nH_{2n}	C_nH_{2n-1}	C_nH_{2n-2}	C_nH_{2n-3}	C_nH_{2n-4}	C_nH_{2n-5}	
Meth	CH_4	$\overline{CH_3}^{\mathrm{I}}$	$\overline{CH_2}^{\mathrm{II}}$	$\overline{CH}^{\mathrm{III}}$	——	——	——	——	
Eth	C_2H_6	$\overline{C_2H_5}^{\mathrm{I}}$	$\overline{C_2H_4}^{\mathrm{II}}$	$\overline{C_2H_3}^{\mathrm{III}}$	$\overline{C_2H_2}^{\mathrm{IV}}$	$\overline{C_2H}^{\mathrm{V}}$	——	——	
Prop	C_3H_8	$\overline{C_3H_7}^{\mathrm{I}}$	$\overline{C_3H_6}^{\mathrm{II}}$	$\overline{C_3H_5}^{\mathrm{III}}$	$\overline{C_3H_4}^{\mathrm{IV}}$	$\overline{C_3H_3}^{\mathrm{V}}$	$\overline{C_3H_2}^{\mathrm{VI}}$	$\overline{C_3H}^{\mathrm{VII}}$	
But	C_4H_{10}	$\overline{C_4H_9}^{\mathrm{I}}$	$\overline{C_4H_8}^{\mathrm{II}}$	$\overline{C_4H_7}^{\mathrm{III}}$	$\overline{C_4H_6}^{\mathrm{IV}}$	$\overline{C_4H_5}^{\mathrm{V}}$	$\overline{C_4H_4}^{\mathrm{VI}}$	$\overline{C_4H_3}^{\mathrm{VII}}$	$\overline{C_4H_2}$
Pent	C_5H_{12}	$\overline{C_5H_{11}}^{\mathrm{I}}$	$\overline{C_5H_{10}}^{\mathrm{II}}$	$\overline{C_5H_9}^{\mathrm{III}}$	$\overline{C_5H_8}^{\mathrm{IV}}$	$\overline{C_5H_7}^{\mathrm{V}}$	$\overline{C_5H_6}^{\mathrm{VI}}$	$\overline{C_5H_5}^{\mathrm{VII}}$	$\overline{C_5H_4}$
Hex	C_6H_{14}	$\overline{C_6H_{13}}^{\mathrm{I}}$	$\overline{C_6H_{12}}^{\mathrm{II}}$	$\overline{C_6H_{11}}^{\mathrm{III}}$	$\overline{C_6H_{10}}^{\mathrm{IV}}$	$\overline{C_6H_9}^{\mathrm{V}}$	$\overline{C_6H_8}^{\mathrm{VI}}$	$\overline{C_6H_7}^{\mathrm{VII}}$	$\underline{\underline{\overline{C_6H_6}}}$
etc —	etc	etc	etc	etc	etc	etc	etc	etc	etc

In the Fatty series the carbon atoms are directly united by a single affinity, and form, a chain of Cs, while in the Aromatic or Benzine series the carbon atoms of which they are formed are united by a double affinity and form a ring. Example:—



The following is a full list of the Paraffin's.

TABLE No. 4,

Name.	Symbol.	Melting point.	Boiling point.	Sp. gr.	
Methane	CH_4	Gas	Gas	——	
Ethane	C_2H_6	"	"	——	
Propane	C_3H_8	"	"	——	Liquid below 17°
Butane	C_4H_{10}	"	+1°	——	0°
Pentane	C_5H_{12}	Liquid	37°--39°	at 17° .626	
Hexane	C_6H_{14}	"	71.5°	at 17° .663	
Heptane	C_7H_{16}	"	99°	at 19° .6967	
Octane	C_8H_{18}	"	125°	at 0° .718	
Nonane	C_9H_{20}	—51°	149.5°	.733	
Decane	$C_{10}H_{22}$	—32°	173°	.7465	
Undecane	$C_{11}H_{24}$	—26.5°	194.5°	7745	
Dodecane	$C_{12}H_{26}$	—12°	214°	.773	
Tridecane	$C_{13}H_{28}$	—6.2°	234°	.775	
Tetradecane	$C_{14}H_{30}$	+4.5°	252.5°	.775	

Continuation of table No. 4.

Name	Symbol.	Melting point.	Boiling point.	sp. gr.
Pentadecade	$C_{15}H_{32}$	+10°	270.5°	.775
Hexdecane	$C_{16}H_{34}$	+18°	287.5°	.775
Hepdecane	$C_{17}H_{36}$	+22.5°	303°	.776
Octdecane	$C_{18}H_{38}$	+28°	317°	.776
Nondecane	$C_{19}H_{40}$	+32°	330°	.777
Ecosane	$C_{20}H_{42}$	+35.70°	205°	.777
Henricosane	$C_{21}H_{44}$	+40.4	215°	.778
Docasane	$C_{22}H_{46}$	+44.4°	224.5	.778
Tricosane	$C_{23}H_{48}$	+47.7°	234°	.778
Tetracasane	$C_{24}H_{50}$	+51.1°	243°	.778
Heptacasane	$C_{27}H_{56}$	+59.5°	270°	.779
Hentriacontane	$C_{31}H_{64}$	+68.1°	302°	.780
Pentatricontane	$C_{35}H_{72}$	+74.7°	331°	.781

Between Tetracasane and Heptacasane two are wanting and between Heptacasane and Hentraicontane three are wanting, and the same between Hentriacontane and Pentatricontane; these eight are not known practically.

There is no limit to the possible number of such compounds.

The more volatile members of this series are used for lighting purposes, and are known as coal-oil, petroleum, gasoline, benzine, etc.

Some are present in illuminating gas and light tar oil. All the lower members are gases at ordinary temperatures, soluable in in alcohol and ether, the intermediate ones form colorless liquids of faint characteristic odor insoluble in water miscible with alcohol and ether. The higher ones are crystalline solids (paraffines) soluble in alcohol and more readily so in ether, their sp. gr., increases with their molecular weight, but are always less than that of water, the boiling points rise with the mole. wt. They are very stable, hence the name *parrum affinis*.

METHANE.

Methane CH_4 Marsh-gas.
$CH_3^1H^1$ Methyl Hydride.

It is produced during the decomposition of organic substances provided with an insufficient supply of O, it is disengaged during warm seasons from swamps, marshes and stagnant pools, hence the name marsh-gas. It is also disengaged in coal mines, and when it becomes mixed with the O, of the air in the mines, and ignited, it causes the dangerous explosions of fire damp. It escapes from the earth in some places and is known as natural gas. Gas-wells exist in Baku in the Caucasus and in the petroleum districts of the United States.

It is evolved at the salt marshes of Byron, California; also at Los Angeles, Santa Barbara, Salinas, Stockton and other places along the Pacific Coast. This natural gas is much used for lighting and heating

SYNTHESIS OF METHANE.

Pass the vapor of carbon bi sulphide CS_2 mixed with sulphuretted hydrogen gas H_2S over red hot copper turnings, in a sutable retort, the result will be marsh-gas CH_4 and a sulphide of copper Cu_2S.

Reaction:—$CS_2+2H_2S+8Cu=CH_4+4Cu_2S$.

Again, on mixing chlorine gas with carbon bisulphide, we get carbon tetrachloride which on being mixed with hydrogen gives us marsh-gas: and hydrochloric acid as a by product. Reaction:—

(a) $Cl_4+CS_2=CCl_4+S_2$.

(b) $CCl_4+4H_2=CH_4+4HCl$.

for this experiment nascent hydrogen is required, and is best obtained from sodium amalgam. CH_4 is also obtained by heating together Sodium Acetate and Sodium Hydrate

Reaction:— $Na\overline{C_2H_3O_2}+Na\overline{HO}=CH_4+Na_2\overline{CO_3}$

The universal method of producing the Hydro-carbons is in the dry distillation of the complex carbon compounds, such as wood, lignite, bituminous coal etc.

METHANE, is a colorless, orderless gas, burns with a faintly luminous yellow flame, forms an explosive mixture with air, and is one of the chief inflammable but not luminous portions of illuminating gas (30 to 40 per cent.) it is sometimes called light carburetted hydrogen. It is slowly decomposed into its elements by the electric spark. When mixed with chlorine gas, and exposed to the rays of the sun, it explodes forming hydrochloric acid, and setting the carbon free.

Reaction:— $CH_4+2Cl_2=C+4HCl$.

When exposed to different degrees of diffused sunlight four peculiar chlorides are formed successively; CH_3Cl, CH_2Cl_2 $CHCl_3$, and CCl_4. $CHCl_3$ is chloroform.

METHYL (CH_3) is a stable positive grouping or radicle, and will combine with any negative element or grouping or with itself, or any other organic grouping, thereby assisting to form a large number of important compounds.

These will be treated of under the head "Salts of Methyl."

THE WAY SOME VIEW THE PHYSICIAN.

TOWARDS the end of the 16th century there died in Bremen (the old free "Hausa" tower and seaport of Germany) a physician, Dr. Cordius, who, it seems, knew human nature from the bottom up. Looking through back numbers of the *Chicago Journal* the other day, I found one of his sayings in English verse which I may be allowed to give here:

The physician like an angel seems
When he in the sickroom brightly beams,
And like unto a god is he
When he's removed the malady.
But in a different light we view
The doctor when his bill is due;
Our altered eyes we at him level,
As though he were the very devil.

BIOGRAPHICAL.

JOSEPH HORATIO BUNDY.

BY H. T. WEBSTER, M. D.

THE subject of this sketch has been known in medical literature throughout the world as the introducer of five quite prominent remedies indigenous to this State, which have, for the past twenty years, been in frequent demand, and the subject of numerous articles in current medical literature from various members of the profession.

Time has been allowed for a thorough consideration of the merits of these remedies, and of the five, viz., *Yerba Santa, Grindelia Squarrosa, Berberis Aquifolium, Rhamnus Purshiana* and *Yerba Rheuma,* three have been pretty well fixed in our materia medica, as standard remedies of merit. I refer to *Berberis Aquifolium, Cascara Sagrada,* and *Grindelia Squarrosa.*

Dr. Bundy was born in Hardwic, Caledonia county, Vermont, Feb. 19, 1839. Here he passed his boyhood, but removed with his parents to Salem, Wisconsin, at the age of seventeen, where he finished his literary education and began the study of medicine, to graduate in Philadelphia, in 1861.

He began practice in Bradford, Iowa, and was soon after married to Miss Elvira Bird, of that place. Here he remained a year, when he removed to West Mitchell, Iowa, where he remained another twelvemonth, but soon after removed to Salem, Wisconsin, the home of his parents, where he remained until 1870, attending meantime (in 1866), a course of lectures at the Chicago Medical College.

In 1870 the Doctor removed to Colusa, California. Here he found larger scope for the pursuit of the study of Botany

Joseph Horatio Bundy.

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—a science to which he was an ardent devotee—in a new and rare floral field, and he not only spent much time in the analysis of indigenous specimens encountered, but engaged in a study of the empirical medical uses made of some of them by the Spanish population, as well as testing them by observing their physiological action upon his own person. The field proved a fertile one, for it had been neglected before by the profession, and his announcements made through various sources received ready attention, from the Eclectics, especially, throughout the United States.

Dr. Bundy's first article in this direction appeared in the Cincinnati *Eclectic Medical Journal*, in October, 1870, and on the subject of Yerba Santa. This attracted considerable attention, and the house of Parke Davis & Co., of Detroit, improved the opportunity by making arrangements with Dr. Bundy by which all the remedies introduced by him might be issued from their establishment. The Doctor was blamed by some for refusing to supply other manufacturing houses with crude products and declining to indorse their preparations, but he remained true to his arrangement with Parke Davis & Co., who, with great liberality furnished literature and samples lavishly, until the entire profession become cognizant of the uses of these agents.

The old-school faction on the Pacific Coast objected to Dr. Bundy's new remedies, because the introducer was not a member of the "regular" profession, but as the "regulars" learned to love mercury, in time, even though introduced by the quack Paracelsus, it is not surprising that the odium should soon have passed away from the California remedies; and they have been warmly received by not a few of the severely "regular" members of the profession.

Dr. Bundy's adherence to the Detroit house was not from mercenary motives, as he received no compensation except the assurance that the remedies should be scientifically prepared, effectually introduced, and that he should have the credit due his name for his part of the work.

Soon after he entered into the public discussion of the

California remedies, Dr. Bundy became interested in the organization of the Oakland Eclectic Medical College, which eventually became the "California Medical College (Eclectic)," and in 1878 he removed to Oakland for the purpose of identifying himself more closely with its interests, becoming one of the Charter Members of the College Association, contributing liberally of his limited means toward the erection of the college building on Clay street, and receiving from the Board of Trustees the appointment to the chairs of Theory and Practice and Medical Botany. These he filled upon the opening of lectures with credit to himself and to the satisfaction of the students for nearly two years—until failure of health interfered with his duties.

He was also one of the editors who were in at the birth of the CALIFORNIA MEDICAL JOURNAL. His name appears along with those of D. Maclean, M. D. and J. J. Kendricks, M. D., on the title page. The first number contains three or four articles from his pen, indicating active efforts in behalf of the new cause, and his articles may be found in every number of the first volume. His last contribution was on the subject of "Goitre," and appears in the June number of the second volume—his obituary notice in the November number following.

Full of enthusiasm for the cause of the College, and Eclecticism on this Coast, he journeyed to Detroit to attend the meeting of the National there in 1879, and upon that trip contracted a cold, which resulted in a severe attack of neuralgia, from which he never recovered. The following spring was spent in the Sandwich Islands, with the hope that the change might mitigate the severe paroxysms of tic douloureux, sciatica, and angina pectoris (or cardiac rheumatism), with which he was frequently affected, but during the term following he was at his post of duty, though a severe sufferer at the time.

The following season the disease had so wrought upon him that he was incapacitated for his duties as teacher and practitioner, and was compelled to resign his position as lecturer in the college and abandon his practice. The remainder of his time was spent away from Oakland, in various places in the interior, for the purpose of seeking benefit from climatic change. On the 10th of October, 1881, while at Seattle, Washington, he was suddenly seized with a cardiac spasm, while dressed and about his room, and expired in a few seconds afterwards.

Though he had been for months but the wreck of his former self, his loss was keenly felt by those who had been his students and co-workers. Following so soon upon the demise of Drs. J. W. Webb and A. McRae, who had also been prominent factors in the inauguration of the college enterprise, the loss seemed irreparable to those who cherished hopes of early success for Eclectic Medicine on this Coast.

A number who were intimately associated with Dr. Bundy in business relationship have spoken highly to the writer of his amiable qualities, and the Alumni who attended his lectures attest to his rare ability as a didactic and clinical teacher.

Mrs. Elvira Bundy, the doctor's widow, and Maud, his only child still reside in Oakland. Mrs. Bundy has seen the portrait which accompanies this article and pronounced it a good likeness of the subject when he was in his prime. During the two or three years preceding his death much of the natural characteristic facial expression was lost, late portraits containing a worn appearance indicative of vigil and pain.

SOME OBSTRETICAL BLUNDERS.

MRS. T—, Multipara, was examined in April, by Dr. G—, and pronounced pregnant, examined again in June by Dr. W—, who pronounced her in the third month of gestation. About the middle of July she began flowing Dr. C—, was called; told her she was about the fourth month and threatened with a miscarriage. But as several days passed, and the hemorrhage continued and no miscarriage occurred; she sent for me and after a thorough examination I found no sign of pregnancy, and told her positivly she was not pregnant, which proved to be true and which prehaps saved her life, as she fully believed that she was pregnant and had made strong threats and some attempts at suicide, she being poverty stricken, with a drunken brute, for a husband, who terribly abused her.

CASE 2—Mrs. K. duopara, living one hundred miles in the mountains, was pronounced eight months pregnant, by two physicians, and as she wanted to come to town to be with her mother, during her accouchment, her physicians advised her to delay no longer in making the rough journey. When she arrived at her mothers I was attending a case of fever in the house; and the mother spoke to me about attending her daughter in confinement and as she did not feel just satisfied, as to her condition, asked me to examine her. I told her to bring her daughter to my office and I would do so. They went with me to my office, and after a most searching examination the only evidence of pregnancy I was able to find, was enlargement of the abdomen; which was due wholly to bloat from the suppression of the menses. The uterus was normal in every particular.

CASE 3— Mrs. A. G—, Four months married, seperated from her husband; and running with other men, since third week of wedded life. Began flowing and suffering severe pains in womb, ovaries and back. Dr. W—, was called in; stayed with her for sometime; told her she was four months pregnant, and would have a miscarriage before morning; but as his prophesy did not come true, he was discharged and Dr. H—, was called in and treated her three or four days with no improvement. He came to me and said " Doc I want you to go with me to see a woman, she is pregnant and has got the clap, and is in a devil of a fix." I went with him, and found her drawn double with pain; and an examination revealed the following conditions: a good round dose of gonorrhea; a profuse discharge excoriating every part touched; some hemorrhage, womb enlarged, fixed and indurated and very tender, ovaries extremely sensitive, there was vulvitis, vaginitis, metritis and ovaritis, and she was really in a devil of a fix, but there was no "kid."

Case 4— Mrs. H—, three years married; no children. Began to enlarge, at about the same rate, as would a gestating woman. She was examined by Dr. Mc—, who pronounced it a tumor. He had charge of the case three or four months; when Dr. W—, a very self important man—heard of the case and managed to be called in consultation some time in the month of August. He ridiculed the opinion of Dr. Mc—, and boastingly asserted that he would deliver the woman the last of Sept. or early in October. but the time set came and went without bringing any baby to gladden fond hearts, but instead, the tumor continued to grow till December, when this same infallible diagnostician operated, removing a large tumor; but instead of gladdening a fathers heart with a bouncing boy, he saddened a husbands heart and life with a dead wife.

Case 5—Mrs. S. Multipara, thought herself pregnant; and as a good provident wife and mother would, made ready everything necessary for the coming event, and bespoke Dr. L.—, a homeopath, to attend her, The anticipated time came and went; days lapsed into weeks, and weeks into months, and still there was not the sweet soft music of a crying baby to be heard in the house; and still the doctor waited and examined and each time assured her that she was all right and only had to wait a little while longer. But as the, expected to be, mother had reached enormous proportions, so that she could neither stand nor walk, nor even turn in bed, the husband concluded to call in Dr. N—, an allopath and, at that time, my partner. We had been hearing of the case and had made many comments on the stupidity of the old *quack*, as we called all homeopaths at that time, (I know better now). So when Dr. N—, was called, he was highly pleased. Putting his stethoscope in his pocket, to examine for the fœtal heart sound, he said "d—n a man any how, who can not tell whether a woman is pregnant or not;" and went out smiling, saying "I have been wanting to get a chance at old L—, for sometime and now I am going to down him." I said to him to be sure that he did not make a mistake himself. His reply was, "I have never been downed yet and if I can't tell you when I come back whether she is pregnant or not you may take my head for a foot-ball." Well he went and came and he went and came again, said she was pregnant as he heard the fœtal heart, but that she was dropsical too, and would have to be tapped, that she might go on to full term; otherwise she would die from suffocation—with which she was greatly troubled—before her time was up. This did not strike the husband as a very favorable out-look, so he took her to St. Louis,—about three-hundred miles,—— where she was operated upon by Drs. Gregory & Carson who removed an ovarian cyst weighing seventy-five pounds, the woman making a good and rapid recovery.

Moral—do not be too quick to condemn the opinions of others, nor too sure that you are right yourself, for we are all liable to err, and that when we would most wish not to.

Let us all report our mistakes, that–is–I–mean the mistakes of others. V.

A CASE IN POINT.—A prominent manufacturer, M. T., living in New Jersey, consulted me some eighteen years ago in reference to certain distressing symptoms which to his mind presaged apoplexy. As two brothers of his had died of that disease with the same premonitory symptoms, I did not feel justified in saying that his fears were groundless.

Good feeders and torpid bowels told the story. I ordered a large teaspoonful of Tarrant's Seltzer Aperient in half a tumbler of water before breakfast and his troubles soon disappeared, and he is living to-day hearty and well, and has often told me since that the Aperient saved his life. P. F. HYATT, M. D. Lewisburg, Pa.

SELECTIONS.

Important Incompatibles.

ACACIA (gum) with alcohol, ether, iron, lead water, mineral acids, borax and etherial tinctures.*

Acids (in general) with alkalies and weak salts of other acids, as the bromides, chlorides and iodides.

Arsenic with tannic acid, salts and oxide of iron, lime and magnesia.

Bitter infusions and tinctures with salts of iron and lead.

Bromides with acids, acid salts or alkalies.

Bismuth subnitrate with subchloride of mercury, sulphur and tannin.

Calomel with alkalies, mineral acids, lime water, metallic acids and potassium iodide.

Carbonates with acids and acid salts.

Camphor with water.

Chlorides with silver salts, lead salts and hydrogen peroxide.

Chloroform (except in very small proportion) with water.

Corrosive sublimate with alkalies, lime water, salts of iron and lead, iodide of potassium, albumen, gelatine and vegetable astringents, it is, however, sometimes combined wlth the chloride of iron, arsenious acid or potassium iodide.

Chloral hydrate with alkalies, ammonium and mercury compounds, potassium bromide and alcohol.

Digitalis with iron and preparations containing tannic acid.

Hydrogen peroxide with vegetable tinctures, alkaline citrates and tartrates, ferric salts, hydrocyanic acid, sulphates, chlorides and nitrates.

Iron (salts) with anything containing tannic acid, tincture of the chloride of iron with alkalies, carbonates, mucilages and preparations containing tannic acid.

Iodine with ammonia,* alkalies, carbonates,* chloral, metallic salts and starch.*

Lead acetate with acacia, hydrochloric acid, sulphuric acid and sulphates, ammonium chloride, carbonates, lime water, iodine, potassium iodide, tannin.

Mucilage with acids, iron salts and alcohol.

Oxidizing agents, as chromic acid, potassium nitrate, chlorate and permanganate, nitric and nitro-hydrochloric acids should not be prescribed with oxidizable substances, as glycerine, sugar and other alcohols, oils, ethers, turpentine, sulphur and sulphides, phosphorus or dry organic substances.

Potassium iodide with all strong acids and acid salts, alkaloids, iron, lead and mercury salts, potassium chlorate, chlorine water and silver nitrate.

Potassium permanganate with ammonium salts, alcohol, ethereal oils, organic substances and glycerine.

Salicylic acid with iron compounds, potassium iodide aud lime water.*

Sodium bicarbonate with acids, acid salts, tannic acid, alkaloids and metallic salts.

Sodium bromide with acids (mineral) chlorine water and mercury compounds.

Silver nitrates with acids, except nitric, alkalies, carbonates, iodides, bromides and sulphur.

Spirits of nitrous ether with sulphate of iron, tincture of guaiacum and most carbonates.

Tincture of gums or resins with water.

Vegetable preparations containing tannic acfd with salts of iron or lead.

*Those marked with an asterisk are sometimes prescribed in small quantities.—[Compiled by C. C. Sherrard, Ph. C., from various sources.—*The New Idea.*

What I Have Learned to Unlearn in Gynaecology.

I have learned to unlearn that anteflexion and anteversion in themselves—that is to say, as displacements merely. and without narrowing the uterine canal—are necessary pathological conditions of the womb. Text-books speak of them as such, and exhibit many ingenious forms of pessaries devised to rectify these so-called displacements. But very rarely indeed do I have to resort to them, and then only to a stem-pessary in anteflexions; for I find in almost every virgin or barren woman that the womb in varying degrees is either bent forward or is tilted forward, and is apparently resting on the bladder. The mistake made, as I have more elaborately shown in my "*Lessons in Gynæcology*," is in attributing to this natural position of the womb the various forms of pelvic trouble. especially that of irritability of the bladder, to which women are so liable. But the sympathy between the brain and bladder is a remarkably close one—one so close, indeed, that some physiologists contend that "every mental act in man is accompanied by a contraction of the bladder." The irritability of the bladder thus becomes one of the first symptoms of nervousness, to which every one is liable. Many a lawyer before pleading an important case, and

and many a cleygyman before delivering a discourse, is compelled from sheer nervousness to empty his bladder. So it is with the lower animals, which, when frightened, micturate involuntarily. A nervous bladder is then one of the earliest phenomena of a nervous brain—for nervousness means a deficient control of the higher nerve-centers over the lower ones—a lack of brain-control. Now, a hysterical girl, or a woman whose nervous system has given way under the strain of domestic cares, consults the physician for such ordinary symptoms of nerve exhaustion as wakefulness, utter weariness, a bearing-down feeling, back-ache, and, perhaps, above all, an irritable bladder. Upon making a digital examination, he usually finds the fundus of the womb resting on the bladder, where it naturally should rest. At once he jumps to the conclusion that the whole trouble is due to pressure of the womb—viz., to the existing natural anteversion or anteflexion, as the case may be. Enticed away by the vesical lapwing from the bottom factor—the shattered nerves—he now makes local applications, and racks his brain to adapt or to devise some pessary capable of overcoming the supposed difficulty, heedless of the dilemma that the upward, or shoring, pressure of the pessary on the bladder must be greater than the counter, or downward, pressure of the womb, to which he attributes the vesical irritability,

In the lying-in chamber the fear of septicæmia will ever haunt me, but I have long since abandoned the idea cherished by that class of waistless and witless nurses, now happily obsolescent, that the parturient woman is to be swathed like a mummy and to be kept as immovable. What earthly harm can accrue to a woman after a natural labor if she turns over from side to side, sits up in bed, or even gets up to use the commode, if she feels like it, I can not see. Natural labor is a physiological process, not a pathologal one, but tradition has thrown around the lying-in bed a glamour of mischievous sentiment.

In relation to this let me express my disbelief that mammary abscess comes from "caked" breasts or from breasts over-distended from a secretion of milk too great for the infant's needs. Mammary abscess, in the suckling woman, comes, in my opinion, from cracked nipples, and from cracked nipples alone. In proof of this, let me ask my readers if any one of them has ever had a case of mastitis after miscarriage, or one of gathered breast followfng a stillbirth—always provided the breast were let pretty much alone so far as pumping and sucking were concerned. Under these circumstances the unsucked and unpumped breast will swell up and grow painfully hard, but it will not inflame or suppurate. Let me not be understood as saying that an over-distended breast should not be relieved by sucking or pumping; but the means employed for this relief must be so sparingly used, and at such long intervals,as not to crack the nipples. This immunity from mammary abscess after miscarriages and stillbirths is attributed by the physician to his local applications of belladonna, or of other milk-drying drugs. But it comes from the absence of the exciting cause of cracked nipples—the suckling child.—*Wm. Goodell, in Med. News.*

Ichthyol for Diseases of Women.

Dr. H. W. Preund recommends ichthyol as an excellent remedy which has marked soothing and absorbing properties for all local inflammations. He has had remarkable success with it for chronic parametritis, chronic and sub-acute perimetritis with exudations, adhesions, or cicatrices, inflammations of the tubes and ovaries; erosions of the cervix, and pruritus of the external genitals.

He employs the remedy externally and internally; for the latter purpose, he gives 0.1 gm. three times a day at first and later in doubled doses. For external use he combines it with glycerine (ammon. sulpho-ichthyol 5.0 glycerine 100.00) and applies it on cotton tampons for the vagina. For the purpose of stimulating absorption he employs a salve (lanolin equal parts) or as a soap (ammon. sulpho-ichthyol 8.0, sapon. vird, 80.0) rubbed on the abdominal walls, or as a suppository (0.05-0.2 with butyr, cocoa) introduced into the rectum. For erosions of the cervix uteri, he paints on the pure ichthyol. For pruritus, he uses the salve mentioned above, or a ten per cent. watery solution painted on the surface,—*Scmidt's Jahrbucher.*

A Simple Cure for Nocturnal Enuresis.

ACCORDING to Dr. Van Trenton, of La Hayne, in a paper before the International Congress, nocturnal enuresis of children is due to the insufficiency of the sphincter vesicæ, which allows the urine to flow into the upper portion of the urethra from which it is then expelled by the reflex action of the detrusor urinæ. It can not be due to distension of the bladder, because children wet the bed two hours after retiring. His treatment consists in preventing the urine from running into the urethra by raising the foot of the bed. He has made fourteen cures in this way, taking the additional precaution of having them empty the bladder before retiring, and of giving them no liquid at this time.—*Practice.*

EDITORIAL.

MEDICAL BILL.

At this writing the medical bill has not been called up. It likely will be before the close of the sesion. It is hard to say what the chances are for its passing. We are informed by some parties that it has no chance, and by others that it is likely to pass, for our part we have not lost faith in humanity, and cannot conceive even with the sack promised by the board of examiners that such unjust legislation would be perpetrated by the wise men at Sacramento. The matter has been so thoroughly canvassed by the press of the state that no man possessing the smallest grain of common sense or the least spark of liberality and justice could afford to vote away the liberties of his fellow citizens. Placing all schools of medicine under the control of the allopaths is turning back the wheels of progress, and saying no man shall dare to think only as we do. It is the same principle as placing all religions under the control of one church to be the arbiter of individual conscience. We do not think the bill will pass and personally we do not care. It might be well to have such a cyclone strike some of our friends to arouse them from their apathy, and show on what dangerous ground they stand. The indifference of electics on this matter has been astonishing to us. It is possible they want to be slaves, and care not for the freedom that has been won by the stalwarts of 1876, when the first medical legislation was enacted. We await with patience the close of the legislative session and hope for the best.

DR. E. HOLTZ,— Has again moved to Hollister. Though we regret to have the doctor leave our midst, we trust the change may prove a benefit to him in every particular, we know Dr. Holtz to be an able and conscientious physician. V.

OUR MUSEUM.

WE trust that every physician and friend, who feels an interest, in helping us build up the finest Anatomical and Pathological Museum on the coast, will send in their specimens, and they will be labeled with the donors name, that each one may receive due credit for his contributions.

There is hardly a physician with a few years' practice but has had fall into his hands specimens of interest and instruction. Suppose you send a specimen similar to something we have, or that the older members of the profession have seen; it will nevertheless be interesting and instructive to the students of our college.

Freaks of nature from whatever source are all worth preserving. Specimens should be accompanied by a short and concise history of the case from which they are obtained. Let every one see who can send us the greatest number of specimens during the year. If each practicing physician in the state will contribute but one, we will soon have a museum that will be of interest to visit, and one that we will be proud to show.

V.

HELPING A PROFESSOR.

The following letter has been received by one of the Professors of the California Medical College, he having under treatment a patient subject to alcoholic stimulation. His wife not being satisfied as to the diagnosis and treatment of the case, volunteered her ideas of his complaint in the following communication, which can be vouched for by a number of students present at the time of its delivery:

SAN FRANCISCO, January 21, 1891.

My synopsis of Mr. ——'s complaints—in the plainest—

Mr. ——is suffering from the derangement of his liver functions, and his kidneys are a second consideration. They have their turn. But the entire seat of disease is in the outer coating of the liver

He has the ulceration of the mucus lining of the abdomen, and a restriction of bile, and a contraction of the mucus membrane of the bladder tube; and the water is secreted from the sediment of a defunct liver collapse; and will have to follow an exemption to provide his escape from a severe attack of abdominal contraction and a very severe case of abdominal diseases from the base of imprudence; and he will have to resign his breath under these exact and distressing circumstances.

He is suffering from a contagious malady contracted from the presence of bile in the covering of his mucous column leading from the backbone to the outer receptacle, and his water bears the analysis of a decomposition of the fluid gas of his reservoir. In the link of consecutive abdominal collapse and a destructive state of things from the present analysis. V.

SPECIAL NOTICE TO SUBSCRIBERS.

We shall publish each month the list of names, with the amounts received, for subscribtions the month before. This will be your receipt for subscription money, and will save us the trouble of making out receipts and sending to each one separately. Keep your eye on the list and see that you are receipted, and if you have been overlooked, please notify us, stating as near as you can the date of your remittance. Remember, your name ought to appear in the issue of the month following the month in which you send subscription money. V.

Amounts received during January for subscriptions:

J. W. Hamilton,	$1.00	Capt. Johnson,	1.00
J. W. Stoutt,	1.00	Dr. Stark,	1.00
M. H. Logan,	1.00	J. G. Pierce,	1.00
J. C. Schlarbaum,	1.00	M. H. Kenny,	1.00
W. O. Buckland,	1.00	Dr. Green,	1.00
W. B. Marsh,	1.00	O. Metcalf,	1.00
W. M, Smith,	1.00	A. C. Stoddard,	1.00
John Fearn,	1.00	W. R. Doherty,	1.00
J. C. Kendrick,	1.00	C. J. Sharp,	1.00
B. Stetson,	1.00	J. W. Huckins,	1.00
H. Vandre,	1.00	B. Cockrill,	1.00
E. F. West,	1.00	F. Cornwall,	1.00
J. Q. Moxley,	1.00	J. P. L. Holtz,	1.00
W. H. George,	1.00	E. Allen,	1.00
T. Russell,	.50	S. L. Blake,	5.00

THE ANNUAL MEETING OF THE CALIFORNIA ECLECTIC MEDICAL SOCIETY.

The Annual Meeting of the Eclectic Medical Society of the State of California was held December 9th and 10th, 1890, at the California Medical College Hall, 1422 Folsom street, San Francisco.

The regular order of business was taken up, during which the following named physicians were elected to fellowship:

R. J. Goss, San Diego, Cal.
C. A. Burleigh, Cottonwood, Cal.
H. W. Hunsaker, San Francisco.
J. C. Andrews, Colusa.
M, E. Van Meter, San Francisco.
C. Yetter, San Francisco.

Among the papers read was a very scientific and interesting paper on Extra-Uterine Pregnancy, by Dr. J. C. Farmer; also a paper on *isms and pathy* by Dr. J. W. H. Wright.

The subjects of "The Use of the Metric System of Weights and Measures in the Profession," "The Treatment of Uterine Displacements by Electricity," "The Use of Galvanism in the Treatment of Urethral Strictures," "Pneumonia," and "What is Commonly Called Sore Leg (Ulceration Varicosities, etc.) were all ably and scientifically discussed.

The Committee on Pamphlet appointed at the last regular meeting, of which Dr. H. T. Webster was Chairman, submitted as their report, a pamphlet, entitled, *"*What is Eclectic Medicine?*" and "*What Does Eclectic Treatment Propose for the Sick?*" in which is given a brief history of Eclecticism. It also sets forth our principle of cure, the motto of which, is "Sustain the Vital Forces." It grants to its practitioner all the freedom that can be enjoyed under the Constitution of the United States, and its Code of Ethics is the Golden Rule.

The report of the Secretary of the Board of Examiners showed that a license had been granted to eighteen physicians during the year, one of which still remains in the hands of the Board, owing to an unsatisfied contingency, and that five applications were then pending.

The Secretary was instructed to purchase a copy of the Medical Directory of Cal. for each member of the Society in good standing.

A committee of three, consisting of Drs. Cornwall, Van Meter and Harvey, was appointed to look after and take charge of THE CALIFORNIA MEDICAL JOURNAL for the society, and $100 was voted to the committee to assist in publishing the same.

The following named officers were elected for the ensuing year:

G. W. Stout, M. D., Pres., Ukiah, Cal.
M. H. Logan, M. D., 1st Vice Pres., San Francisco.
C. G. Hervey, M. D., 2nd Vice Pres., San Jose.
W. A. Harvey, M. D., Rec. Sec., (re-elected,) San Francisco.
Jessie C. Farmer, M. D., Cor. Sec., San Francisco.
John Fearn, M. D., Treas., (re-elected) Oakland.

BOARD OF CENSORS:

W. O. Wilcox, M. D.
J. C. Andrews, M. D.
C. J. Sharp, M. D.

BOARD OF MEDICAL EXAMINERS:

D. Maclean, M. D.
G. G. Gere. M. D.
F. Cornwall, M. D.
J. W. Hamilton, M. D.
M. H. Logan, M. D.
J. P.Schmitz, M. D.
A. E. Scott, M. D.

ALTERNATES:

H. W. Hunsaker, M. D.
M. E. Van Meter, M. D.
H. T. Webster, M. D.

There being no further business, the society adjourned to meet again December 8, 1891.

*Copies mailed free. Address W. A. Harvey, M. D., Sec. 101 Grant avenue, San Francisco.

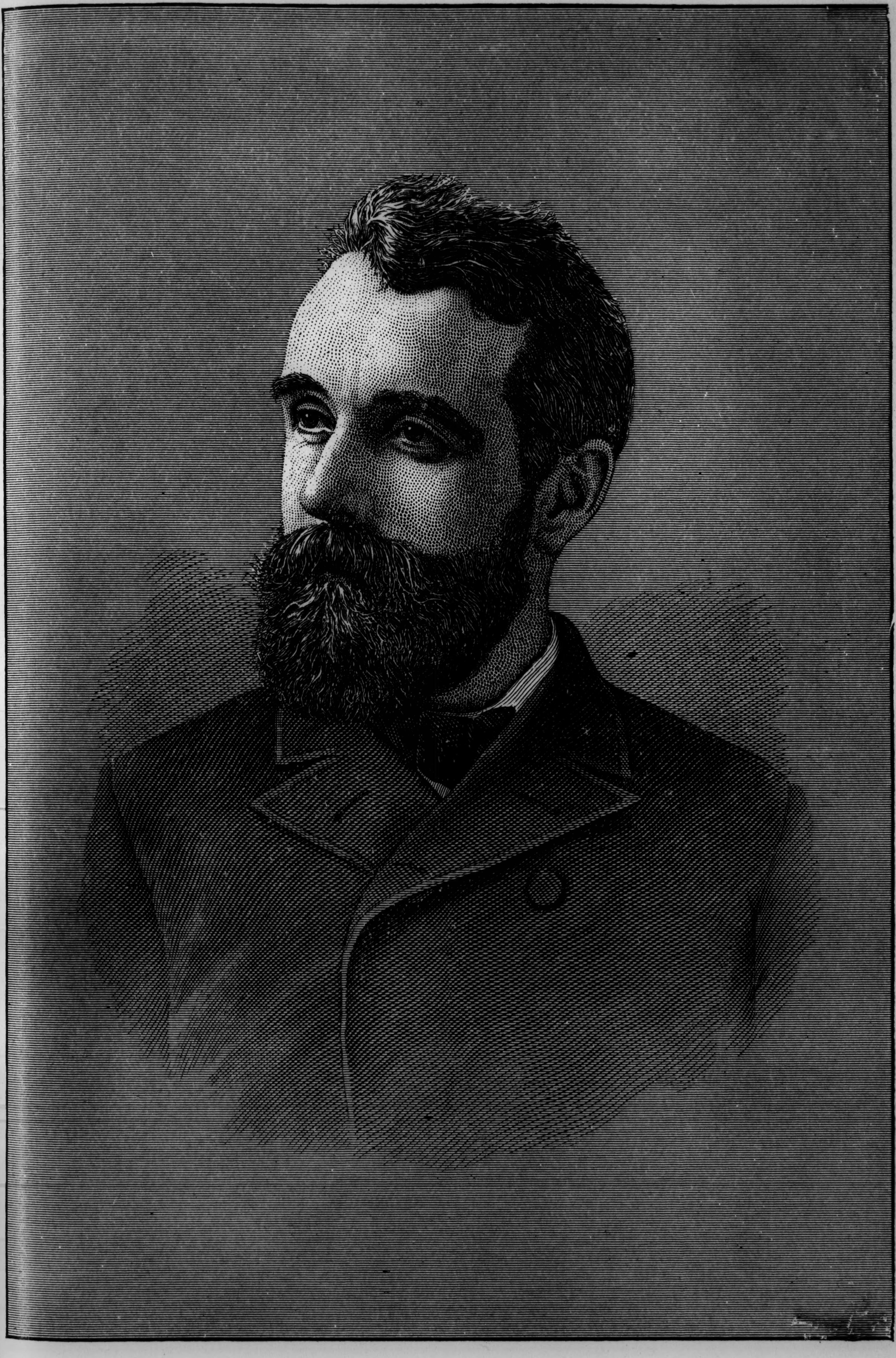
OBITUARY.

No More.—On the 25th of January, 1891, William C. Flint, the Professor of Medical Jurisprudence of the California Medical College, passed to his eternal rest, after an illness extending over a period of one year. His disease was somewhat obscure, and was finally settled by the autopsy, which revealed a sarcoma of the right suprarenal capsule weighing two pounds. He suffered much, but patiently endured to the end.

He was a man of more than ordinary ability, keen in perception, logical in reasoning, forcible in illustration, and convincing in argument. He had the happy faculty of making friends, and those for whom he did business honored him for his conscientious advice, strict attention, untiring energy, and faithful services. Being broad-minded in his views, and social in his disposition, he took a lively interest in fraternal matters. Enthusiastic in whatever he undertook, his devoted friendship and wise counsel will be missed.

As an Ornithologist he was widely known. Taking up the science of birds as a recreation from the tiresome cares of legal practice and studies, he accummulated the second largest private collection of birds and eggs of North America in the United States, which at his death he presented to the Stanford University.

William C. Flint was only in the prime of life, born in the year 1854, the son of a physician, Dr. C. Flint, formerly of New York City, now of Poway, San Diego County. He came to this state in 1875, for the benefit of his health, which he in a measure regained, but never being of a robust constitution, he had frequent attacks of illness which forcibly reminded him that his hold on life was but feeble. For a young man he attained a gratifying prominence in his profession, and we have no doubt that, had health permitted, and life been spared, he would not have only been prominent, but distinguished as a lawyer and jurist.



William C. Flint.

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Bringing the flow normal and devoid of pain.

This is the isolated emmenagogue principle of the Squaw Root, Caulophyllum thalictroides. It is put up in the form of a cordial, pleasant to the patient.

DOSE.—Ten drops every hour, or a teaspoonful in water, four times a day, for aweek before the expected flow, or until the menses appear normal.

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The most eminent and successful Practitioners consider LACTOPEPTINE the the Standard remedy in the treatment of all those ailments, in which deficient digestion is the direct or indirect cause of pathological conditions.

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